such plant and machinery would be imaginary rather than real. Therefore, the only option was to consider their book value of Rs. 8.64 crores and there was no need for getting the old vintage type machinery assessed by any valuer. Two points further corroborate the precarious position of MFIL (1) the then management (prior to disinvestment) had estimated the incremental investment of Rs. 80 crores on replacement of obsolete plant and machinery and (2) immediately after disinvestment the new management had to start pumping in funds, which on date amount to Rs. 29 crores (in addition to the Rs. 20 crore equity) towards modernization and capital expenditure, repairs of plant, equipment and buildings, replacing baking tins, product and market development, trade support and brand building, repayment of high interest loans, Government loans, payment to suppliers, interim relief to employees working capital requirements, VRS payments towards restructuring/reduction of fixed overhead costs and for meeting other operational expenditure.

Decline in sex ratio

15. DR. KARAN SINGH:
SHRI C.M. IBRAHIM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the sharp decline in the sex ratio in the 0—6 age group, as revealed by the latest census report 2001;

(b) if so, the comparative figures of male/female ratio for this age group as per 1991 and 2001 census;

(c) in which State it is below 800 females against 1000 males;

(d) whether it is mainly attributable to the rampant misuse of the pre-natal sex detection tests and the sperm processing systems available in laboratories; and

(e) if so, what effective and firm steps are contemplated to prevent misuse of these scientific methods?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes, Sir.

(b) Sex ratio for 0—6 age group as per 1991 and 2001 census is 945 and 927 respectively at all India level.

(c) It is only Punjab having the sex ratio of 793 in 2001.

(d) Declining sex-ratio in the country is due to many socio-economic reasons, foremost among them being the practice of dowry and son-preference in a family. Other reasons are:—

- Neglect of the girl child resulting in their higher mortality at younger ages;
- High maternal mortality;
- Female infanticide;
- Tendency of reporting male child in population enumeration.
- Female foeticide.

(e) The Government of India has enacted the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994. The implementation of the PNDT Act rests with the States/UTs. Important steps taken by the Government of India are stated below:

The States/UTs have been advised to mount an effective awareness campaigns to make the public and service providers aware of the provision of the Act.

The State/UTs have also advised to provide protection to social activists and Non-Governmental Organizations giving information or filing complaints of violation of provisions of the Act. After the Census 2001 figures were available, letters have been addressed to the Chief Ministers of all States/UTs to give focused attention to the issue of adverse sex ratio. Chief Secretaries of all the States/UTs have also been addressed recently for following up on implementation of various provisions of the PNDT Act.

Workshops/Seminars are being organized at State/district level, to create awareness about the provisions of the Act—National Level Non-Governmental Organizations have been requested to take up

projects for generating awareness about the provisions of the Act, among doctors/clinics/law enforcing authorities and public at large. In December, 2000 the Department of Family Welfare has written letter to 82 Mother NGOs to direct the field NGOs to generate with in their jurisdiction, awareness and public opinion against the mall practice of selective abortion. The co-operation of the NGOs has been elicited in listing and enumerating, within their jurisdiction, the name and address of premises where the Medical Termination of Pregnancy (MTP) is being performed, with a view to detecting registered/unregistered clinics.

Eradication of evil of female foeticide

16. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether despite a number of laws on Statute Book, Government have not been successful in eradicating evil of "Female Foeticide" prevent in almost all parts of the country irrespective of communities;

(b) if so, the reasons therefor;

(c) whether the problem of "Female Foeticide" was discussed at a Convention held in Delhi in June, 2001 which was *inter alia* attended by Union Ministers, leaders of different faiths in the country etc.;

(d) if so, the details thereof and synopsis of views of participants on the subject; and

(e) the effective and result-oriented measures proposed to be taken to eradicate the evil?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) In order to curtail and eliminate sex selective female foeticides, the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (PNDT Act) banning disclosure of sex of foetus was enacted and has been in operation since 1st January, 1996 in all States and UTs except J&K. The responsibility for implementation of the Act rests largely with the States/Union Territories. Rules and Regulations under the Act have been framed and Appropriate Authorities have been appointed and